

# DIET HISTORY

Appetite	Food Allergies	Food Intolerances	Diet Restrictions
<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <b>Preferred Portions</b> <input type="radio"/> Large <input type="radio"/> Average <input type="radio"/> Small	<input type="checkbox"/> Shellfish <input type="checkbox"/> Eggs <input type="checkbox"/> Chocolate <input type="checkbox"/> Strawberries <input type="checkbox"/> Nuts <input type="radio"/> None <input type="checkbox"/> Other _____	<input type="checkbox"/> Lactose <input type="checkbox"/> Gluten <input type="checkbox"/> Other _____ <input type="radio"/> None	<input type="checkbox"/> Salt <input type="checkbox"/> Sugar <input type="checkbox"/> Fluid <input type="checkbox"/> Tube feeding <input type="checkbox"/> Calories <input type="radio"/> None <input type="checkbox"/> Other _____

PREVIOUS/PREFERRED MEAL PATTERNS		BEVERAGE PREFERENCES
<b>Breakfast</b> <input type="checkbox"/> Hot foods <input type="checkbox"/> Hot cereal _____ <input type="checkbox"/> Eggs <input type="checkbox"/> Bacon <input type="checkbox"/> Sausage <input type="checkbox"/> Toast <input type="checkbox"/> Roll/Danish <input type="checkbox"/> Cold cereal _____ <input type="checkbox"/> Other _____ Location _____	<b>Lunch</b> <input type="checkbox"/> Hot meal <input type="checkbox"/> Sandwich/Soup <input type="checkbox"/> Salad <input type="checkbox"/> Snacks <input type="checkbox"/> Other _____ Location _____  <b>Dinner/Supper</b> <input type="checkbox"/> Hot meal <input type="checkbox"/> Sandwich/Soup <input type="checkbox"/> Salad <input type="checkbox"/> Snacks <input type="checkbox"/> Cold cereal _____ <input type="checkbox"/> Other _____ Location _____	<b>Breakfast</b> <input type="checkbox"/> Juice _____ <input type="checkbox"/> Milk _____ <input type="checkbox"/> Hot chocolate <input type="checkbox"/> Coffee: <input type="radio"/> Regular <input type="radio"/> Decaf <input type="checkbox"/> Hot tea <input type="checkbox"/> Iced tea <input type="checkbox"/> Water  <b>Lunch</b> <input type="checkbox"/> Juice _____ <input type="checkbox"/> Milk _____ <input type="checkbox"/> Hot chocolate <input type="checkbox"/> Coffee: <input type="radio"/> Regular <input type="radio"/> Decaf <input type="checkbox"/> Hot tea <input type="checkbox"/> Iced tea <input type="checkbox"/> Water  <b>Dinner/Supper</b> <input type="checkbox"/> Juice _____ <input type="checkbox"/> Milk _____ <input type="checkbox"/> Hot chocolate <input type="checkbox"/> Coffee: <input type="radio"/> Regular <input type="radio"/> Decaf <input type="checkbox"/> Hot tea <input type="checkbox"/> Iced tea <input type="checkbox"/> Water
<b>Current Diet Order</b> _____ _____		

**SPECIAL FOOD REQUESTS**

Cultural/Ethnic/Religious Food Requests:    No    Yes

Vegetarian:    No    Yes    Vegan:    No    Yes

FOOD LIKES/DISLIKES											
Breads/Cereals	LIKE	DISLIKE	Carbs	LIKE	DISLIKE	Meats/Proteins	LIKE	DISLIKE	Vegetables	LIKE	DISLIKE
Biscuits			Lasagna			Bacon			Asparagus		
Cold cereal			Noodles			Beef			Beets		
Cornbread			Pasta			Brats			Broccoli		
Crackers			Pizza			Cheese			Brussels sprouts		
Cream of Wheat			Potatoes			Chicken-Dark			Cabbage		
French toast			Rice			Chicken-White			Carrots		
Grits			Spaghetti			Cottage cheese			Cauliflower		
Malt-O-Meal			Fruits	LIKE	DISLIKE	Eggs			Celery		
Muffins			Apples/Applesauce			Ham			Coleslaw		
Oatmeal			Apricots			Hot dogs			Corn		
Pancakes			Bananas			Lamb			Green beans		
Roll/Danish			Blueberries			Liver			Green peppers		
Rye bread			Cantaloupe			Lunch meat			Lettuce		
Waffles			Cherries			Peanut butter			Lima beans		
White bread			Cranberries			Pork			Mushrooms		
Whole wheat			Grapefruit			Sausage			Onions		
Desserts	LIKE	DISLIKE	Grapes			Turkey-Dark			Peas		
Bread pudding			Honeydew melon			Turkey-White			Sauerkraut		
Cakes			Mandarin oranges			Veal			Spinach		
Cookies			Mixed fruit			Soups	LIKE	DISLIKE	Squash		
Cream pies			Oranges			Bean/Ham			Sweet potatoes		
Custard			Peaches			Beef stew			Tomatoes		
Fruit pies			Pears			Broth			Zucchini		
Ice cream			Pineapple			Chicken			Fish	LIKE	DISLIKE
Jello			Plums			Chili			Cod		
Pudding			Prunes			Chowder			Haddock		
Rice pudding			Raisins			Cream			Salmon		
Sherbet			Raspberries			Potato			Sardines		
Tapioca pudding			Strawberries			Tomato			Shellfish/Seafood		
Yogurt			Watermelon			Vegetable			Tuna		

Person Completing this Form \_\_\_\_\_ Date \_\_\_\_\_

Signature and Title

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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